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ABSTRACT

Written as a guide as administrators in Washington state considering a home based preschool for handicapped children, the manual provides information on program planning and development. An initial section reviews the prototype model that served handicapped children 3 to 8 years old in a rural area. Also addressed in separate chapters are the following topics (sample subtopics in parentheses): a rationale for home based programs: funding methods: operating costs: and how to get started (developing goal statements, selecting staff, selecting instructional materials, and implementing and evaluating the program). Appendixes include sample forms and lists of screening and evaluation instruments. (CL)

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A Guidebook For Implementing HOME-BASED PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN

IN THE STATE OF WASHINGTON

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PREFACE

This manual reflects the experiences of the model demonstration project, Home-Based Preschool, funded by the Bureau of Education for the Handicapped for the three-year period, 1977-80. It is written as a guide for administrators and special education personnel in the State of Washington who may be considering this type of delivery system. It has particular relevance now that, beginning in September of 1980, the State of Washington is providing full state funding for home-based programs for handicapped children from birth through five years of age. The manual is intended as an informational package to use in planning, implementing, and evaluating a home-based program for the three-to-five-year old handicapped population. An overview of the Home-Based Preschool will provide an example of how this type of delivery service operates. A rationale for home-based programs, methods of funding, and operating costs will be described. The How To Get Started section will give you a systematic procedure for setting up a program. It is hoped that the experiences and perspectives gained from the three years of developing this home-based model will be helpful for others to use in program planning to meet the pressing need for increased services to young handicapped children. It is recognized that each school and community is unique and that each program must be designed to meet the needs of the children and families to be served.

CHAPTER 1

OVERVIEW OF THE HOME-BASED PRESCHOOL

Home-Based Preschool served handicapped children between the ages of three and eight years, who lived in rural Whatcom County in the northern part of the State of Washington. It was administered through the Ferndale School District. The project was originally funded in 1977 and served 40 children with mild to profound handicapping conditions. These children lived in small neighboring school districts where preschool handicapped programs did not exist, with the exception of the Ferndale School District which has a center-based program.

The purpose of the project was to provide a home-based educational program for children that involved a team effort between parents and teaching personnel. The project staff consisted of a half-time Project Director, a teacher-coordinator, a half-time communication disorders specialist, and four home instructors in addition to the consultant services of the school district's psychologist, occupational therapist, and nurse.

Children were referred to the project by health, social, and educational agencies. Brochures and a slide-tape presentation describing the project were other sources for referral. For screening purposes, the project used the Alpern-Boll Developmental Profile (1972) which tests the five developmental areas of self-help, physical, social, communication, and academic skills. The McCarthy Scales of Children's Abilities and the Vocabulary Comprehension Scale were administered to all project children. Program eligibility was determined according to state and federal guidelines. The project had a selection procedure for determining service priority. An individualized Educational Program (IEP) was developed for each child based upon his/her particular needs. The general guide for programming was the Portage Checklist. The Teaching Research Curriculum for Moderately and Severely Handicapped was used in conjunction with the Portage materials for severely impaired children. A behavior treatment program developed at Teaching Research was the guide used for children with behavior problems.

An initial home visit was made to meet the parents and child, explain the program, gather background information, and sign forms, including a parent agreement to teach the child. Based upon the child's IEP, weekly lessons were written on activity charts. The home instructor visited the home for one hour once a week, taking baseline on the activities to be taught. Approximately three activities were demonstrated for the parent each week, with the parent modeling or discussing each activity with the home instructor. The parent was expected to teach the child for at least ten minutes a day for a mininum of four days a week. The parent recorded child progress on a daily basis. After the week's instruction, the home instructor took postbaseline to determine if the objectives had been met. Each home instructor served ten children.

In this model, parents were involved not only in teaching skills, but in learning reinforcement and behavior management techniques. An Individualized Parent Plan (IPP) was developed for each parent based upon a parent needs assessment. Either individual or group activities were offered to meet these needs. A parent support group functioned with a home instructor as the facilitator and a parent in the program as the leader.

The Advisory Council was made up of members of the social service and educational fields in the community in addition to two parents with children in the project.

The substantial gains made by both children and parents demonstrated the success of a home-based model that is educationally feasible for preschool handicapped children. An independent evaluation done in the third year of the project revealed that: (1) the project children gained in skill development, (2) parents increased their parenting, teaching, and management skills, and (3) the program served an increased number of children each year. On the McCarthy Scales, project children showed gains on four of the six subtests (Table 1). Children gained one developmental month for each month in the program, as measured by the Alpern-Boll (Table 2), an encouraging rate of progress considering the children's delayed development when entering the program and that normal developmental gain is also at this same rate. Statistically significant gains were measured on three of the five sub-

TABLE 1

Student Standard Score Performance on
McCarthy Scale of Childrens' Abilities
for Nine-Month Period 1979-80

	N	Mean Pre	Mean Post	Mean Change
* Verbal	9	31.78	35.89	+ 4.11
* Perceptual Performance	9	38.56	37.33	- 1.22
* Quantitative	9	35.56	36.00	+ 0.44
**General Cognitive	9	71.11	72.33	+ 1.22
* Memory	9	34.11	35.78	+ 1.66
* Motor	9	33.56	29.00	- 4.56

* Standard Score Mean = 50; Standard Deviation = 10
** Standard Score Mean = 100; Standard Deviation = 16

TABLE 2

Student Pre-Post Progress on Alpern Boll Developmental Profile

Average Time in Project - 9.4 Months

Developmental Area	N	# of Students Demonstrating Gains	# of Students Demonstrating Gains	Mean Gain in Months	Percent Gain
Physical	9	9	100	8.67	23.9
Self-Help	9	8	89	12.00	28.7
Social	9	7	78	11.22	25.7
Academic	9	9	100	8.89	26.2
Communication	9	9	100	9.78	34.9

tests on the Vocabulary Comprehension Scale (Table 3). Of the number of skills prescribed for children in the program, 84% were accomplished, indicating a high rate of success in mastering developmental skills, based upon 80% being the accepted criterion level on the Alpern-Boll (Table 4). Surveys done on parent and community perceptions of the project (Tables 5 and 6) indicated that both groups viewed the project very positively.

TABLE 3

Student Pre-Post Raw Score* Performance on
Vocabulary Comprehension Scale

	N	Mean		T-Value
		Pre	Post	
Pronouns (17)	9	9.78	15.11	4.17
Quality (6)	9	3.11	4.11	1.73
Position (26)	9	14.22	20.44	6.24
Size (6)	9	3.22	5.33	3.92
Quantity (6)	9	4.11	4.22	.23

* Raw Score = Number of Items Correct

$t_{.05} = 2.30$

( ) = Number of Items in Subscale

TABLE 4

Student Individual Skill Activity Accomplishment

Skill Area	N	Number Written	Number Accomplished	Number Accomplished
Self-Help	1	7	5	71.4
Social	---	---	---	----
Language	8	223	178	79.8
Cognitive	9	189	170	89.9
Motor	5	64	53	82.8
Behavior	---	---	---	----
TOTALS	9	483	406	84.1

TABLE 5

Parent Perceptions of Project Impact*

Survey Items	N	Average
1. To what extent has the Home-Based Program prepared your child for furture school experience?	17	3.65
2. To what degree have you become more aware of community resources through the Home-Based Program?	16	3.25
3. How valuable do you feel the Home-Based program has been to your child?	17	4.00
4. How valuable do you feel that the Home-Based program has been to you?	17	3.82
5. To what degree do you feel a program in the home is beneficial to your child?	17	3.88
6. To what extent do you feel the program has met a need for your child?	17	3.88
7. To what extent have your teaching skills been improved as a result of the Home-Based program?	17	3.71
TOTALS	118	3.75

* Rating Scale 1-4: 1 = Not at All; 2 = Somewhat; 3 = Moderately; 4 = A Great Deal

TABLE 6

Community Perceptions of Project Impact*

Survey Items	N	Average
1. To what degree have you utilized the services of the Home-Based Preschool for referring children?	11	2.73
2. To what extent is the project serving a previously unmet need in rural Whatcom County?	11	3.91
3. To what extent has your agency benefited as a result of the Home-Based Intervention?	11	3.00
4. To what degree is the program helpful to children?	11	3.91
5. To what degree is the program helpful to parents?	11	3.73
6. To what degree does the program promote cooperation between the school and the community?	7	3.29
**7. To what extent has the program not met your needs?	8	3.75
TOTALS	70	3.47

*Rating Scale 1-4: 1 = Not at all; 2 = Somewhat; 3 = Moderately; 4 = A Great Deal

**Ratings adjusted to reflect extent to which project <u>met</u> community representative needs

CHAPTER 2

A RATIONALE FOR HOME-BASED PROGRAMS

Parent involvement is generally accepted as an essential part of any early childhood program for handicapped children. The simplest argument for involving parents is that a large proportion of what the young developing child learns will occur in the home, and the parents will be the primary teachers (Lillie, Trohanis, 1976).

In an extensive survey of the literature, Bronfenbrenner (1974) summarizes a general principle about family centered intervention:

> "The evidence indicates that the family is the most effective and economical system for fostering and sustaining the development of the child. The evidence indicates further that the involvement of the child's family as an active participant is critical to the success of any intervention program... The involvement of the parents as partners in the enterprise provides an ongoing system which can reinforce the effects of the program while it is in operation, and help sustain them after the program ends."

It has been acknowledged that the assistance and education of parents, and the inclusion of parents in the child's education program are accepted as necessary activities if the child is to make maximum developmental progress (Fraiberg, 1975; Horton, 1976; Bricker & Bricker 1976).

Actually, the question of the importance of including families as a critical component of a child's education program has been answered by Public Law 94-142 (The Education for All Handicapped Children Act of 1975) which requires that the parents be included as an integral part of the child's education program.

With more active parent participation in the educational process, there is emerging an increased interest in the educational process, there is emerging an increased interest in preschool programs that provide education in the home. A home-based delivery system operates on two premises: (1) Trained parents make good teachers, and (2) The home provides a powerful environment for learning. This combination has practical advantages. Children do not have to be transported long distances. A center facility does not need to be provided. In sparsely populated areas, age differences, varying degrees of handicapping conditions and functioning levels may make the home delivery system the only effective option.

The Portage Program (1972) which has operated a home-based model in rural Wisconsin for eight years, describes the educational assets of this type of delivery:

1. The parent teaches the child in his natural environment. Therefore, there is not the problem of transferring learning into the home as there would be if the child were in a center-based program.
2. This model is totally dependent on parent involvement for success. Since parents must be taught to teach their own child between visits, training parents is more than a program adjunct, it is an absolute necessity.
3. More realistic curriculum goals can be set when the child is in his own environment where behavior is occurring naturally.
4. It is more likely that the skills the child learns will generalize to other areas and be maintained if the skills have been learned at home and been taught by the parents.

Home programs work to the advantage of both program staff and parents. To be successful, this type of program needs the cooperation, support, and direct teaching help of parents. Parents, in turn, need the support, advice, direction, and encouragement of trained personnel.

CHAPTER 3

METHODS OF FUNDING

There are funds for preschool handicapped programs from a number of sources. Funding through the State of Washington, Public Law 94-142, and the Handicapped Children's Early Education Program are among the available options for funding sources in the State of Washington.

State of Washington, Rules and Regulations for Special Education (WAC 392-171)

Although providing an education for preschool handicapped children is permissive in the State of Washington at this time, the State has funded center-based preschool handicapped programs since 1973. Beginning in September of 1980, handicapped children from birth through five years of age, may be placed in a home-based program under full state funding. The state is encouraging local school districts to consider developing home-based preschool programs where a center-based option is inappropriate. Local administrators who wish to receive state funds for a home-based program should follow the same procedures for claiming handicapped children of preschool age as they follow for school aged handicapped children. The specific eligibility, criteria, funding ratios, and all other program elements are included in the rules and regulations governing special education, WAC 392-171.

Public Law 94-142

While federal law requires states to set a goal of serving all handicapped children from birth, it also allows states to continue to not serve handicapped children from birth through five years of age under certain conditions. If the requirements of P.L. 94-142 are inconsistent with state law or practice regarding public education for birth through five-year-olds, then those requirements are not applicable. State law, therefore, takes precedence. Currently only about 20 states have mandatory legislation for serving the three to five year old handicapped population. The Office of the Superintendent of Public Instruction is submitting a bill which would mandate educational services to handicapped children ages 3-21.

Briefly, there are two sources of funds for serving the preschool handicapped under P.L. 94-142. The first is the state entitlement generated under ESEA VI-B which is based upon the number of handicapped children served. Children in the three-to-five age group can be included in the state's annual report of handicapped children served, thus generating the same amount of dollars as children aged six and over. This is approximately $170.00 per child for fiscal year 1980. Preschool Incentive Grants, the second source of funds, were established in recognition of the importance and cost effectiveness of early intervention with handicapped children. The purpose of this grant is to stimulate services to this population. States may apply for this incentive grant if they have an approved State Plan, and if they serve any handicapped children in this age range. The amount of money a state receives is determined by the number of three, four, and five-year-old children included in the count of handicapped children who are receiving a free appropriate public education. For fiscal year 1979, 1,772 children aged three to five were counted and the amount appropriated for the State of Washington was approximately $135,000.00. Local administrators who wish to apply for these funds should refer to Bulletin 01-80, Division of Special Services, dated February 7, 1980, or contact the Special Education Section, Office of the Superintendent of Public Instruction.

Handicapped Children's Early Education Program, (HCEEP) - Title VI-C.

The Home-Based Preschool program sponsored by the Ferndale School District falls into this category. The goal of this federal program is to stimulate services to preschool handicapped children. Currently there are about 120 model demonstration projects in operation throughout the United States. They are administered by the Office of Special Education, (formerly the Bureau of Education for the Handicapped). The purpose of the HCEEP network is to provide funds to serve a proportionately small number of children with high quality services that can be replicated and serve as models for state and local education agencies. The level of funding for these projects is between $60,000.00 and $120,000.00 yearly, with a parent component and evaluation system incorporated into every program. For further information, write to:

Office of Special Education
Donohoe Building
400 Maryland Avenue S.W.
Sixth and D Street S.W.
Washington, D.C. 20202

CHAPTER 4

OPERATING COSTS

Operating costs for any home-based program will vary according to the funding sources, the geographic area, transportation costs, and local salary schedules. Because of federal requirements for the Ferndale model demonstration project, which included progress reports, demonstration and dissemenation activities, the costs were considerably higher than for a local program, averaging $2,600.00 per child per year over a three-year period. In the 1979-80 school year, the Ferndale School District spent approximately $2,000.00 for each handicapped child in its center-based program. The cost for a home-based program, without federal rquirements, was estimated at $1,600.00* for each child for the same year. The average cost for travel in the home-based program for the 1979-80 school year was $100.00 for each child in program.

For starting any home-based program, the first year costs will be higher because of normal start-up costs. Additional staff, training, teaching materials, and supplies will need to be acquired. Factors that will affect costs and must be considered are:

Ratio of certificated teachers to home instructors
Supplies, materials, and equipment
Office space and telephone
Travel

*For a detailed breakdown of this cost estimate, refer to Appendix A

CHAPTER 5

HOW TO GET STARTED

Starting a home-based program follows a logical pattern which involves planning, implementation, and evaluation, followed by the development of a parent program and an advisory board. The time line below illustrates a systematic approach to starting a program. Each sequential step is discussed in terms of procedures to follow and options to consider depending on local district needs.

TIMELINE FOR PROGRAM PLANNING IN THE HOME-BASED PRESCHOOL PROGRAM

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
1. Have a statement of goals	X									
2. Decide who will be served	X									
3. Decide what staff will be required	X									
4. Determine competencies for professional staff	X									
5. Determine competencies for para-professional staff	X									
6. Identify referral sources	X									
7. Develop screening procedures	X									
8. Select assessment instruments	X									
9. Develop an Individual Education Program	X	X	X							
10. Develop a curriculum	X	X	X	X	X	X	X	X	X	X
11. Select instructional materials	X	X	X							
12. Implement a home program		X	X	X	X	X	X	X	X	X
13. Evaluate progress		X	X	X	X	X	X	X	X	X
14. Develop a parent program		X	X	X	X	X	X	X	X	X
15. Develop an advisory board		X	X							

1. Have A Statement of Goals

Procedures

Having a clearly defined statement of what you intend to accomplish will increase your likelihood for success. Administrators, parents, teachers, paraprofessionals, and support staff should share the same goals.

Options

If you choose a behavioral model, as the Home-Based Preschool, with strong parent involvement, your program will have considerable structure, which offers the potential for good management and control. Programs with less instructional emphasis may be more complex to manage, but offer more flexibility in programming.

2. Decide Who Will Be Served

Procedures

Staff must determine which handicapping conditions, age range, and geographic area will be served. These will have an effect upon the screening instrument, assessment, and curriculum you choose.

Options

In districts where the handicapped preschool population is limited, consideration might be given to administering a program on a cooperative basis with other local school districts. If the decision is made to serve children with behavior problems, it is well to consider a specific behavior treatment program. One example of a structured and systematic approach to treating children with behavior problems is the Behavior Treatment Program which was developed at Teaching Research in Monmouth, Oregon.

3. Decide What Staff Will Be Required

Procedures

Staff composition will depend upon the structure and size of your program. A Project Director is essential for a program with federal requirements, although it may be

optional in a program of smaller scope. The essential positions for any program include a teacher/coordinator and home instructors, or paraprofessional staff. For a multidisciplinary assessment and program planning, resource personnel are essential. These people can be a part of project staff, drawn from the special services support staff, or hired on a consultant basis.

The following job descriptions define some of the functions of these positions:

Job Description: Project Director

1. Administer scope and direction of project.
2. Develop long range continuation plans for a home-based delivery system compatible with local district policies.
3. Supervise project staff.
4. Provide liaison with other projects at local, state, and federal levels.
5. Develop appropriate monitoring systems for the project.
6. Provide direction for necessary budget reports.
7. Monitor necessary implementation.
8. Monitor necessary evaluation.
9. Monitor and submit grant application or program plan.

Job Description: Teacher/Coordinator

1. Collect and maintain data.
2. Provide inservice training to staff on all components of program.
3. Coordinate parent training and involvement.
4. Coordinate services of resource personnel and agencies.
5. Provide liaison with early childhood education programs at the University and Community College levels.
6. Supervise weekly staff meetings.
7. Coordinate purchase of instructional materials.
8. Provide supervision in development and purchase of instructional materials.

Job Description: Home Instructor

1. Assist Project Coordinator with referrals.
2. Give suggestions for program improvement.
4. Administer screening and assessment instruments as required.
5. Maintain data on pupil progress.
6. Write weekly lesson plans and assemble necessary materials.
7. Make home visits to work directly with child, one to one-and-a-half hours per week, using plans and materials assembled under supervision of Project Coordinator.
8. Provide parent with weekly activity schedules and specific ideas to help parent assist child in the acquisition of basic developmental skills.
9. Attend weekly staff meetings for inservice training, evaluate previous home visits, and make plans for the following week's home instruction.
10. Attend topical conferences for inservice training and staff orientation.
11. Establish communication with other preschool programs, clinics, or agencies attended by assigned child and coordinate program planning.

Options

Although not an essential requirement for a small program, the advantage of having a communication disorders specialist (CDS) as a consultant on the staff cannot be overlooked. It is common for a large percentage of preschool handicapped children to have delayed language development. Speech and language therapy can be carried out effectively by a home instructor if an individual language program is written and supervised by a CDS. Some programs are designed so that the professional teachers also serve as home instructors in addition to having supervisory responsibilities. This would involve the teacher serving a smaller caseload of five or six children.

4. Determine Competencies For Professional Staff

Procedures

In the State of Washington there are not certification standards specificaly for teachers of preschool special education.

However, a task force is working at the state level to develop certification guidelines. Unfortunately, teachers who are trained to work with older handicapped children are not necessarily prepared to assume the multiple responsibilities of the teaching of the preschool handicapped child. Such competencies as knowledge of early childhood development, curriculum, and program planning for preschool special education must be considered in selecting competent staff. Intergrated training, both early childhood and special education is desirable.

The University of Washington has a handicapped early childhood program at the graduate level. At the time of this writing, Western Washington University in Bellingham and Eastern Washington University in Spokane, are in the process of developing a teaching major for preschool handicapped children through the departments of special education and early childhood education.

Options

All preschool programs operated through the public schools must be staffed by certificated/licensed professionals, as outlined in WAC 392-171. In home-based preschool programs operated through the public schools a certificated teacher or certified therapist must be directly involved in the delivery of the special education and related services. Instructional aides and paraprofessionals may provide a portion of the home-based program, but not all of it.

The states that do have teacher certification in early childhood special education are: Alabama, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Minnesota, Mississippi, North Dakota, Vermont, Virginia, and Wisconsin.

5. Determine Competencies For Paraprofessional Staff

Procedures

When hiring paraprofessional staff as home instructors, it is important to choose applicants who have demonstrated the ability to work with young children, particularly those who are handicapped. The ability to relate directly to a child and his/her family with warmth, patience, and understanding is vital. A non-judgemental attitude is important. Paraprofessionals chosen should be considered as "trainees" because specialized training must be provided. Inservice training will take at least two weeks and must occur before home instructors start making home visits. It should include training in the following areas:

1. Local district procedures
2. Program design
3. Referral process
4. Screening
5. Curriculum and materials
6. State and federal rules and regulations

In addition, a proportionate amount of time must be devoted to teaching the principles of behavior management and diagnostic and prescriptive programming.

Options

A needs assessment is an effective way to identify the training your staff will require over and above the training in the program components. An example of a needs assessment for staff is shown in Appendix B.

6. Identify Referral Sources

Procedures

A systematic approach to contacting agencies, presenting information about the services available in the program, and requesting names of eligible children who can use the services will help insure that handicapped preschoolers are referred. Have staff members make personal contact with community agencies, the Department of Public Health, physi-

cians, speech and hearing clinics, school personnel, Head Start programs, regular day care centers, preschool programs, and church and civic groups. These personal contacts will lead to a cooperative relationship between your program and other community agencies. Developing this relationship is time-consuming but vital to the success of the program.

Options

Brochures that describe your program, press releases, and public service announcements on local radio and television stations are excellant ways to solicit referrals. (Refer to Child Find Manual, 1979)

7. Develop Screening Procedures

Procedures

Select a suitable screening instrument that will identify high risk children who have been referred to your program. The Alpern-Boll Developmental Profile (1972) is an example of an assessment tool which can be used as an initial screening instrument that provides for a combination of direct observation of the child's behavior and parental response. Included in the Alpern-Boll are five developmental areas: (1) self-help, (2) physical, (3) social, (4) communication, and (5) academic skills. It is a standardized test that can be administered, scored, and interpreted by staff who have no expertise in psychological testing. Since the assessment takes place in the home, the results have the potential of being more accurate than if the assessment took place in an unfamiliar environment. With inservice training, a paraprofessional can be taught to administer this assessment. Vision and hearing screening must be a part of your assessment procedures. The Alpern-Boll is a reliable pre- post-test measure. See Appendix C for other recommended screening instruments.

Options

Because self help skills are an area of considerable concern for some parents, you may want to administer a more detailed self-help checklist. This will give the parent the opportunity to identify specific self-help skills that are important to the parent for the child to learn. An example of this type of self-help checklist is illustrated in Appendix D.

8. Select Assessment Instruments

Procedures

Choose an appropriate instrument to measure intellectual functioning, such as the McCarthy Scales of Children's Abilities. This test is intended for children between two-and-a-half years and eight-and-a-half years. There are six scales in this battery including verbal, perceptual performance, quantitative, cognitive, memory, and motor. In selecting instruments, consider not only the age range but the population of children you will be serving. A resource list of assessment instruments appropriate for the three-to-five year old handicapped population can be found in Appendix E.

Options

An evaluation instrument you choose can be used as a pre- and post-test to measure gains in intellectual functioning after a reasonable period of time has elapsed. Other evaluation instruments to demonstrate growth in specific areas can be used also on a pre and post-test basis. An example of this is the Vocabulary Comprehension Scale. Because language development is an area of substantial delay for many preschool handicapped children, a language test tends to demonstrate appreciable growth.

9. Develop An Individual Education Program

Procedures

Using a team approach, the child's individual education program (IEP) is developed by some or all of the following members:

Director
Teacher/Coordinator
Home Instructor
Parents of the handicapped child
Psychologist
Pediatrician
Social Worker
Nurse
Occupational/Physical Therapist

Options

In addition to using the assessment results in the development of the IEP, there are a number of developmental scales and early childhood curricula available that can be helpful in IEP planning. Two such programs are mentioned in the curriculum section.

10. Develop a Curriculum

Procedures

Matching the needs of the children with a suitable curriculum is essential. This can be difficult when the developmental delays may differ from year to year, both in type and degree. Therefore, it is important to select a curriculum that is broad and flexible enough to cover the five general developmental areas. This can be supplemented with a correlating task-analyzed curriculum for the more severely impaired child. The Portage Checklist is an example of a broad curriculum. This program lists a series of sequential behaviors in the five developmental areas. The Teaching Research Curriculum for Moderately and Severely Handicapped covers the same general developmental areas, but each skill is broken down into small steps. The two curricula work well together, and can provide essential information for IEP planning.

Options

A decision must be made whether to teach to all areas of a curriculum or only to the deficit areas as revealed through the assessment process. Some programs teach to all developmental areas regardless of the child's strengths or weaknesses. While there is ample justification for this approach, a case can be made for teaching to the deficit areas only when one considers the limited contact time available each week for the home instructor to teach and model for the parent.

11. Select Instructional Materials

Procedures

Budget considerations will determine the amount of money to be spent on materials and supplies. Instructional and manipulative materials and toys should be chosen to correlate directly with the objectives being taught. Developing an instructional materials center becomes an on-going process and must reflect the needs of the children. Home instructors should have basic materials which are readily available and which will fit easily into their cars. Also, many household items are available for instructional purposes. The following basic list of materials is considered essential for meeting the major objectives of any home based preschool curriculum.

Materials to Purchase:

Colored stacking toys	Short boxes
Picture story books	Form boards
Colored blocks	Snap beads
Large pegboards with pegs	Templates
Balls ("Nerf" for inside)	Mirror
Puzzles (4-8 pieces)	Loop-handled scissors
Knobbed puzzles	Crayons, scissors
Pictures of common objects	colored chalk
Trucks and cars	Chalkboard and chalk

Instructional materials left in the home for teaching purposes can present a problem in lost toys and articles, or these materials being needed by another home instructor. It is wise to minimize this practice and provide teacher-made materials or household items that will simulate the instructional materials brought by the home instructor for modeling purposes.

Options

Language programs, such as Games Oriented Activities for Learning (GOAL) and Materials for Expressive Syntax Therapy (MEST), provide excellent materials for instructional use by the home instructor. Providing puzzles and toys for other siblings to play with can be advantageous in controlling the teaching situation in the home. These items are always collected after the home instructor's visit.

12. Implement A Home Program

Procedures

Looking at the broad aspects of implementing a home program it is important to provide the home instructor with information on varying parental attitudes and home environments, assign workable caseloads, and address the needs of the Insert dynamics within the home, the interactions that often exist between parent and child, and the parents' perceptions about an outsider coming into the home are subjects that should be considered for discussion.

The home instructor's attitude and understanding of these conditions will play a crucial role in determining the parents' success as "teachers". Parents may, at first, display fear, guilt, or resentment that their child has a problem. Many parents have had negative and frustrating experiences in trying to help their child. They do not see themselves in the role of "teacher". They may be distrustful of a "professional" coming into their home. These are the types of situations that must be dealt with in the home teaching process. Building trust and a feeling of mutual respect between the home instructor and parents are patterns that must be nurtured. If carefully developed by the home instructor, the parent goes through the following stages: (1) trust for the program and the home instructor, (2) skill development and parenting and child management techniques, (3) generalizing the skills learned, (4) involvement in the parent group meetings, and (5) involvement in support groups. Naturally, these levels of development will depend upon such variables as the rate of learning in the home environment, the capacity for change within the family, and the amount of time parents devote to the program. Two case studies (Appendix F) provide examples of the divergent type of home teaching situations that are encountered.

Careful attention must be given to start each home instructor's

caseload slowly until the entire process is familiar. The minimum suggested staff-child ratio is one home instructor for every ten children. This teaching load permits the home instructor to visit two to three homes a day, four days a week, with the fifth day reserved for staff meetings and planning. A reasonable amount of time must be allowed each day for home instructors to write lesson plans, coordinate with other community agencies and schools, prepare teaching materials and maintain records. Distances between homes is a factor to be considered in assigning caseloads, as is assigning home instructors to clustered geographic areas to maximize the use of available time and to reduce travel costs.

In many respects home instructors are in a unique position. They serve as educational figures in the home, but must be sensitive to the needs of each family served, offering suggestions for resources that are not within their role. Because the majority of the home instructors' time is spent in the field, they do not have an opportunity to discuss problems as they come up. They make many decisions at the time of instruction. Therefore, it is essential to provide a specific time for all staff members to meet with each other on a weekly basis for this purpose. Many of the programming questions that come up during the week can be problem-solved in this setting.

If these important aspects of the home teaching process are addressed initially, it is much easier for the home instructor to implement the discrete steps of a home program. It is practical to have a standard procedure to follow in implementing a program. As an example, the following steps will insure that all the necessary components are followed in a sequential manner.

Steps In The Home Teaching Process

1. The home instructor is assigned to a child and family
2. An initial meeting is set up. The home instructor meets the parents and child and explains the program. Forms

that follow state special education guidelines are explained and signed. Background information on the family (Appendix G) includes a brief medical history, developmental milestones, how the parents views the child's problem, what the parents hope to derive for their child from the program, and other agencies involved with the child. The parents are requested to sign an agreement to take part in parent training and work with their child at home (Appendix H). This commitment from the parents is crucial to the success of any home program. At that time an appointment is made to administer the screening instrument.

3. The screening instrument is administered.

4. A decision is made with the program administrator regarding the child's eligibility.

5. If it appears that the child is eligible for programming under special education guidelines, a multidisciplinary assessment is started.

6. The home instructor administers a curriculum checklist in deflict areas only. These deficit areas are determined by the results of the screening assessment.

7. A staffing takes place which includes all specialists involved in the assessment. An assessment report summary is written.

8. The home instructor, parent, and teacher/coordinator, as a minimum team, plan, write, and sign the IEP.

9. A specific day and time are set up between the parent and home instructor for the regular one-hour weekly lesson.

10. An individualized program is initiated based upon the child's IEP.

11. Approximately three behavioral objectives are selected every week for each child. Each objective is written on a separate Activity Chart (Appendix I). All of the necessary instructions for teaching, materials to use, and the method for recording progress on a daily basis are written on this form by the home instructor. Each Activity Chart is supervised and reviewed by the teacher/coordinator before the home instructor presents the lesson.

12 Baseline is recorded by the home instructor on each new task prior to instruction.

13. The home instructor teaches the parent what to teach, how to teach, what to reinforce, and how to observe and record behavior.

14. The parent models or discusses all of the activities with the home instructor for clarification.

15. The parent implements the teaching process, working at least ten minutes daily, four days a week, recording child progress with the aid of proper reinforcement techniques.

16. The home instructor records post-baseline data one week after the baseline to determine if the prescribed skill has been

met and collects completed activities to put in the child's file

17. The home instructor introduces new activities or adjusts activities if the week's objectives have not been met.

13. Evaluate Progress

Procedures

It is vital to keep a complete record of the child's progress based upon the activities prescribed and completed. One method of doing this is to maintain a behavioral log (Appendix J). Listed in the Behavior Log are the specific tasks prescribed for each child, the date prescribed, the date the task is accomplished, and the developmental area of the task. This type of record keeping is useful in identifying problem areas of development. It provides clear documentation and easy retrieval of tasks accomplished. From this behavioral log, the home instructor has ready access to all the information needed to write a Year-End Summary Report (Appendix K) which summarizes the child's progress and recommendations for the following year.

Options

You may decide to use screening and evaluation instruments on a pre- and post-test basis to demonstrate child gains in addition to continuous measurement. Another helpful tool is a simple recording form kept by each home instructor that indicates if a weekly visit was made, if the parent cancelled a home visit, or if the instructor cancelled a visit.

14. Develop A Parent Program

Procedures

Parent involvement is a vital component to any home-based model. Providing a program that combines both individualized and group activities is an effective method to reach parents at varying levels. There are essentially three components to this kind of program.

A. Parent Skill Development

The home instructor works with the parent on teaching specific skills and behavior management techniques.

This is concrete, individualized instruction for the parent, with the home instructor explaining, modeling, and reinforcing.

B. Individual Parent Program (IPP)

This program is aimed at increasing the parents' knowledge about community resources, educational planning, support services, and general information. There are five steps to this program.

1. Develop a Parent Needs Assessment
2. Develop an Activity List that relates directly to each need. Having a variety of actitivies from which to choose gives parents the opportunity to select the most appropriate resources avialable to them.
3. Develop an IPP
4. Choose activities to meet these needs
5. Evaluate the effectiveness of each activity.

Appendix L illustrates this approach to parent involvement.

C. Parent Support Group

A home instructor assumes the additional role of Parent Coordinator. The leader for the support group is a parent in the program. The coordinator works with the parent to provide suggestions for group activities, arrange meetings, and select speakers. It is a group for parents, led by a parent, for the purpose of sharing information and common concerns.

16. Develop An Advisory Board

Procedures

Establish an Advisory Board that will work as a coordinating element to insure that all available community resources are represented. This will strengthen the educational opportunity for preschool handicapped children in your area. Look to resources in the community that have contact with young children to find members for your group. For example, representatives from educational agencies, the medical community, social agencies, church and civic groups. Of equal importance is to include at least two parents of

program children as members of the advisory board. These parents provide a two-way communication between the advisory board and parent group, sharing with parents information gathered from advisory group meetings, and providing the advisory group with information on concerns and questions that emanate from parent group meetings, as well as contributing ideas and assisting the advisory group in issues and program concerns from the parents' viewpoint.

To develop a strong base for any program it is apparent that planning and structure are key ingredients. It is hoped that the timeline provided at the beginning of this chapter will give the reader an overall picture of the main components of a home-based program, their time frame and sequence of development. Both the Procedures and Options sections for each sequential step reflect the experiences of the project, and are meant to serve as broad guidelines. As new porgrams are started, each one will be individual in nature reflecting the needs of the children and families to be served. New and creative approaches will be developed by the staff involved in bringing quality home-based services to preschool handicapped children.

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APPENDIX A

Local Program Costs
for Operating A Home-Based Program for
Preschool Handicapped Children*

Example for 16 students

1	Certificated Teacher, Salary (Supervise program and home instructor in addition to caseload of six children)	$16,000.00
1	Home Instructor - paraprofessional - salary (Caseload of 10 children)	8,000.00
	Materials, Supplies, Equipment	968.00**
	Travel ($100.00 per child per year)	1,600.00
		$25,560.00
		$ 1,660.00 per child per year

*Based upon Ferndale School District 1979-80 schedules

**Based upon 1979-80 cost of $68.00 per child

APPENDIX B

NEEDS ASSESSMENT FOR STAFF TRAINING

Please check the appropriate box for each area

	I need help	I'm OK	I'm very competent
I. Assessment			
a) Interpreting assessment data from other sources (psychologist, speech and hearing, medicine, etc.) in terms of educational relevancy.			
b) Developing educational assessment procedures.			
c) Conducting educational assessment.			
II. Individualizing Instruction			
a) IEP format			
b) Identifying priority areas (goals)			
c) Writing objectives			
d) Instructional sequencing (Task Analysis)			
e) Choosing instructional materials			
f) Choosing instructional activities (cueing, prompting, imitation, etc.)			
g) Developing ongoing assessment procedures for individual programs (data collection)			
h) Selection of appropriate feedback for correct and incorrect responses			
III. Curricula Areas			
a) Gross motor			
b) Communication			
c) Preacademic (cognitive)			
d) Social			
d) Self-help			

	I need help	I'm OK	I'm very competent
IV. Special Problems			
a) Physical involvement (positioning)			
b) Special medical problems (frail children, seizures, medication)			
c) Severe behavioral problems			
V. Parent Involvement			
a) Communicating with parents			
b) Parent advisory boards			
c) Parent training			
d) In-home programs			
VI. Community Resources			
a) Knowledge of available community resources			
b) Using available community resources			
c) Developing community resources			
IX. Legal Issues			
a) P.L. 94-142			
b) Due Process			
c) Parent rights			
d) Confidentiality			

X. List any specific training needs you might have or other concerns regarding the director of Early Childhood Special Education in Washington State.

APPENDIX C

RESOURCE LIST OF

SCREENING INSTRUMENTS

1. Alpern-Boll Developmental Profile; Psychological Development Publications, P.O. Box 3198, Aspen, CO 81611

2. Caldwell Preschool Inventory; Addison-Wesley Co., 2725 Sand Hill Road, Menlo Park, CA 94025

3. Comprehensive Identification Process; Scholastic Testing Service, Inc., 480 Meyer Road, Bensenville, IL 60106

4. Denver Developmental Screening; LaDoca Corporation, East 51st Ave. and Lincoln Street, Denver, CO 80216

5. D I A L: Developmental Indicators for the Assessment of Learning; Childcraft Education Corporation, 20 Kilmer Road, Edison, NJ 08817

6. Psychoeducational Profile; University Park Press, 233 East Redwood Street, Baltimore, MD 21202

APPENDIX D

SUPPLEMENTAL SELF-HELP CHECKLIST
FOR SCREENING

Child's name: _____

Date: _____

DOES THE CHILD HAVE THESE SKILLS?

	YES	NO
DRESSING		
Takes off socks/shoes	____	____
Takes off coat	____	____
Puts on coat	____	____
Undoes large buttons, snaps, shoelaces, zippers	____	____
Puts on shoes	____	____
Dresses completely	____	____
EATING		
Uses glass/cup	____	____
Uses spoon	____	____
Uses fork	____	____
Uses table knife for spreading	____	____
Uses knife for cutting	____	____
GROOMING		
Dries hands	____	____
Cares for toilet needs	____	____
Has more than one toilet accident per month	____	____
Washes and dries face and hands	____	____
Brushes or combs hair	____	____

APPENDIX E

RESOURCE LIST OF ASSESSMENT INSTRUMENTS

1. Bayley Scales of Infant Development; Psychological Corporation, 757 Third Avenue, New York, NY 10017

2. Beery Test of Visual Motor Integration; Follet Educational Corporation, 1010 West Washington Blvd., Chicago, IL 60607

3. Boehm Basic Concept Inventory; Psychological Corporation, 757 Third Avenue, New York, NY 10017

4. Burk's Behavior Rating Scales - Preschool and Kindergarten; Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025

5. McCarthy Scales of Children's Abilities; Psychological Corporation, 757 Third Avenue, New York, NY 10017

6. Peabody Picture Vocabulary Test; American Guidance Service, Publisher's Building, Circle Pines, MI 55014

7. The Portage Project; Cooperative Educational Service Agency 12, 413 East Slifer, Portage, WI 53901

8. Preschool Attainment Record (PAR); American Guidance Service, Publisher's Building, Circle Pines, MI 55014

9. The Preschool Behavior Questionnaire by Dr. Lenor Behar; Learning Institute of North Carolina, Durham, NC 37701

10. Slossen Intelligence Test; Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025

11. Stanford-Binet; Houghton-Mifflin, 777 California Avenue, Palo Alto, CA 94304

12. Teaching Research Curriculum for Moderately and Severely Handicapped; Instructional Development Corporation, P.O. Box 361, Monmouth, OR 97361

13. Vineland Social Maturity Scale by Edgar Doll; American Guidance Services, Publisher's Building, Circle Pines, MI 55014

14. Vocabulary Comprehension Scale by Tina Bangs; Teaching Resources Corporation, 50 Pond Park Road, Hingham, MA 02043

APPENDIX F

CASE STUDY NO. 1 - TINA

The first fall of our program Tina was brought to our attention by the kindergarten teacher and special services. Tina had participated in the kindergarten screening the previous spring when a Communication Disorders Specialist had detected delays in her receptive and expressive language abilities. Tina was able to process very little of what was said to her, and responses would usually be unrelated to the question posed to her. Although a recommendation was made that Tina attend a special education class, her parents decided she should try kindergarten. They were having a difficult time accepting the fact that Tina could have problems. They did accept the Home-Based Program as a way to help Tina "catch up" and as a way for them to learn what they could do to help.

In a short time, the home instructor's weekly visits became an important event in the mother's life. The family lives on a farm and has little contact with others outside of the family unit. There are three girls older than Tina, all in school, and a younger brother, age two. These children seem to be doing well, although the mother has required on-going support to confirm that the youngest child is developing properly because she has had many fears that he would be another Tina. Related to these fears were feelings of guilt that she did not accept the fact that Tina had problems when she was much younger.

As time went on, the mother shared more information with the home instructor. She had been worried about behaviors such as Tina's rolling toy truck wheels on her tongue and the child's lack of responding to "no". She also admitted that she did not want to believe that something was wrong, and perhaps treated Tina more harshly than the other children simply because she did not know what to do. Initially, during the weekly home visits Tina's behavior was difficult to control. She had a very short attention span and would get easily over-excited and rather wild. A room with no distracting stimuli had to be used. It was felt that her "wild" behavior was not malicious, but rather due to a real lack of control. Tina seemed to feel badly about it. Behaviors occurring outside of the lesson time, such as washing up within an appropriate time limit rather than playing in the water, coming to dinner when called once, not getting into others' belongings, have been addressed through weekly prescriptive lessons. Tina has shown much improvement due to her mother's growing ability to carry out certain behavior management techniques consistently. In addition to behavior, skills in the language and academic areas have been worked on.

In the first year of program the Home-Based staff worked with the family to consider a school program that would be better suited to Tina, rather than the regular kindergarten where she was having major problems. They agreed to a special education program within the school setting. She is, however, still receiving the services of the Home-Based Program which provides support and guidance for the parents as well as a structured program for Tina in the home.

The Alpern-Boll revealed that Tina was significantly delayed in her social, academic and communication skills. In a ten month period she

gained four months in social skills and made a one year gain in both academic and communication skills.

An example of one weekly activity in the social area is given below:

DID CHILD REACH THE GOAL?
CREDIT. YES ✓ NO ____

Child's Name: Tina

Instructor's Name: Linda

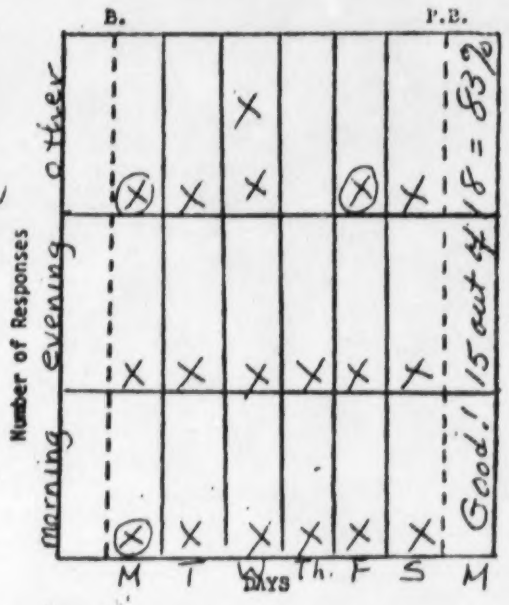
Date: December 29

Skill Area: Social #

WHAT TO TEACH:
Tina will wash her hands and face within 5 minutes, 80% of the time.

WHAT TO RECORD:
× - Tina washed within 5 minutes.
⊗ - Tina needs physical assistance

MATERIALS:



DIRECTIONS:
In the morning and evening, at Tina's regular time to wash her hands and face, check to see when 5 minutes is up from when she went to wash. At that time check on her. If she washed her hands and face correctly praise her for this and Chart ×.

If she is playing, lead her through the washing procedure then say "this is what I wanted you to do." Chart ⊗.

If you notice her either washing or playing in water at other times of the day note this with an × or ⊗ above and treat same way.

Reviewed by John Rich

The postbaseline calculated by the home instructor indicates that the goal was achieved during the week because Tina succeeded in washing independently within five minutes 83 percent of the time.

APPENDIX E

CASE STUDY NO. 2 - LARRY

Larry, a three and one-half year old boy, was referred to the Home-Based Preschool by a public health nurse. Larry lived with his mother and younger sister, Ella, age two, in an extended family consisting of a grandmother and several relatives.

The Alpern-Boll Developmental Profile was administered and revealed significant delays in four out of the five developmental areas. A home program was initiated. Even though the mother had attended Special Education classes and was herself developmentally disabled, it was originally felt by the home instructor that she would be able to manage simplified lessons and do some recording of Larry's lessons. Even though the mother appeared to be very interested in her son's learning and took great pride in his achievements, she was not consistent in her teaching efforts. Shortly after the home program started, the mother gave birth to a third child and spent most of her time with the baby. In an effort to involve the mother with her son's program, the home instructor asked the mother to be present each time the weekly lesson was given and to do some minimal modeling. The home instructor then went into the home two other times during the week to work directly with Larry for a short period of time. At the end of the first year in program, the Alpern-Boll was administered again. Larry made a six month gain in social and academic skills, a one year, four month gain in physical and communication skills, and a two year gain in self-help skills.

At the beginning of the second year in program many changes occurred within the family. Larry's mother moved to an apartment with her children. Two children now qualified for the Home-Based Program, Larry, now four and one-half years old and Ella, age three. The same home instructor has developed a new method to get the mother more involved with the program and to work with her children on a regular basis. The home instructor writes the lesson plan on regular activity charts for collecting data, but makes a separate chart for the mother on bright colored paper with different colored stars for recording. The mother's charts are written in primary vocabulary and are always read together word by word with the home instructor. There are usually two activities for each child each week. This plan is working considerably better. The mother records on her own charts and the independent recording done by the home instructor supports the successes of the week. At the end of each lesson, the home instructor gives the mother carrot sticks and the children are given some raisins. The mother takes real pleasure in her own ability to be a good teacher.

In physical, social, academic and communication skills Larry was significantly delayed. After being in the program for eight months Larry gained one year and six months in his physical skills, one year and eight months in his social skills, two months in academic skills and six months in his communication skills. These scores were based on a pre and post-test using the Alpern-Boll.

An example on the two separate activity charts developed by the home instructor is given on the next page.

Appendix F

ACTIVITY CHART

DID YOUR CHILD REACH THE GOAL?
CREDIT. YES ✓ NO ____

Child's Name: Larry

Instructor's Name: Virginia

Date: November 5

Skill Area: Motor # 92

WHAT TO TEACH:

Larry will cut along 8" straight line within 1/4" of the line, two out of three times.

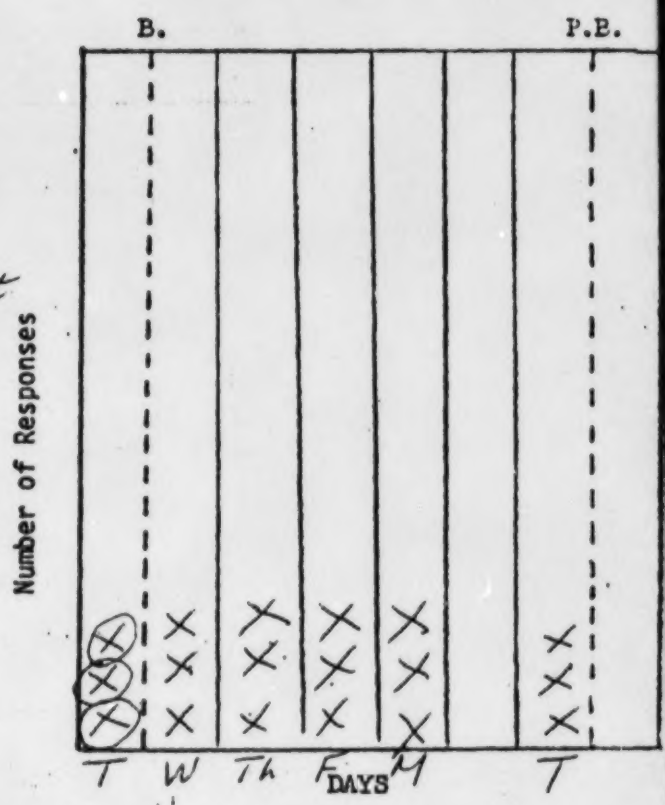
WHAT TO RECORD:

× – Cuts by himself.

(×) – Cuts with help

MATERIALS:

paper of various weights



DIRECTIONS:

1. Draw a heavy 8" line and tell Larry to cut the paper as close to the line as he can. Praise him and record × when he cuts correctly.
2. If Larry needs help:
   a. start with a shorter line and gradually work up to 8", or
   b. physically guide Larry's hand in cutting, or
   c. use various types of scissors to see which pair are easiest for him to use.
   d. record an (×) above; lessen help as skill improves.

Reviewed by
-39- John Luck

PRESCRIPTION FOR COMING WEEK

Dev't Area	Activity	Baseline	Reinforcement	New/Cont.

Additional Skills Observed	Baseline	Credit

WEEKLY PROGRESS REPORT

Parent Comments:

Home Instructor Comments:

Larry will cut along 8 inch line, as close as possible.

★ - cuts by himself

X - cuts with help

3rd Time	X	★	★	★			★
2nd Time	X	★	★	★			★
1st Time	X	★	★	★			★
	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Mon.

APPENDIX G

BACKGROUND INFORMATION

PARENT APPLICATION FOR: _____ Date of Birth: _____
Child's Name

Is English the primary language you speak at home? Yes _____ No _____

If no, what language is the primary language? _____

Do You speak a second language at home? Yes _____ No _____

If you do speak a second language, how often do you use the second language?
often _____ seldom _____

Birth History:

Age of mother at time of birth _____ Age of father _____

Conditions during pregnancy (working, health, shocks, accidents, drugs or medication, etc.)

_____

_____

_____

Was the delivery normal _____ Prolonged _____ Instruments _____

Caesarean _____ Was there evidence of injury at birth? _____

Developmental History:

At what age did child begin to: Sit alone _____ Walk _____

Say first words _____ Put several words together _____ Speak in sentences _____

Establish bladder control _____ Establish bowel control _____

Dress self _____ Feed self _____

Feeding problems during infancy: _____

Sleeping problems: _____

Problems of other siblings: _____

General Health:

Name of doctors your child has seen _____

_____

Name of family doctor and/or pediatrician _____

_____

Health is: Good _____ Fair _____ Poor _____

If poor, please explain _____

PARENT APPLICATION FOR _____ Date of Birth_____
(Child's Name)

General Health (Continued): Are there any special health problems of which the school should be aware? (Circle proper answer)

Yes N/A No History of seizures. If yes, explain when? How frequent.

_____

_____

Yes N/A No Allergies, if yes explain _____

_____

_____

Yes N/A No Any serious injuries, illnesses, or high fevers? If yes, explain.____

When:_____

_____

Yes N/A No Does the medication have to be administered during school hours? (If medication must be administered during school hours, parents must have family doctor so instruct the school in writing.)

Yes N/A No Is there any reason why your child cannot participate in a P.E. activity? If yes, please explain. _____

_____

What do you hope the Special Education and/or Home-Based Preschool staff will do for your child? _____

_____

_____

Please describe your child's problem as you see it. _____

_____

_____

_____

_____

_____

_____ _____
Date Signature of Parent or Guardian

**Home-Based Preschool applicants. Please see other side.

APPENDIX H

Agreement to Participate in Home-Based Preschool Program

Child's Name: _____

Birthdate: _____

I agree to take part in parent training, to work with my child at home, and to work together with the Home Instructor to provide an appropriate program for my child.

_____ _____

Date Signature of Parent or Guardian

APPENDIX I

ACTIVITY CHART

Child's Name: _____

Did Your Child Reach the Goal?
Credit: Yes____ No____

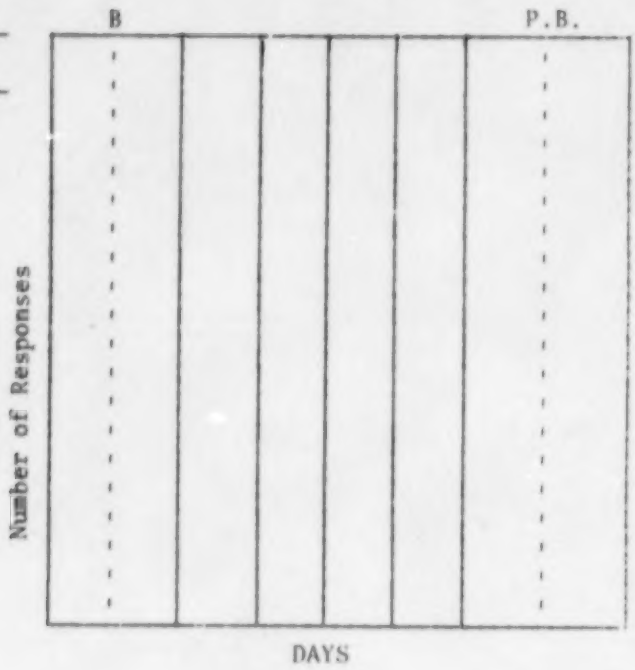
Instructor's Name: _____

Date: _____

Skill Area: _____ # _____

WHAT TO TEACH:

WHAT TO RECORD:



MATERIALS:

DIRECTIONS:

Reviewed by: _____

PRESCRIPTION FOR COMIMG WEEK				
Skill Area	Activity	Baseline	Reinforcement	New/Cont.

Additional Skills Observed	Baseline	Credit

WEEKLY PROGRESS REPORT

Parent Comments:

Home Instructor Comments·

APPENDIX J

Child's Name _____ BEHAVIOR LOG FOR Program Year _____

Home Instructor's Name _____ RECORDING CHILD PROGRESS Date Accomplished _____

ACTIVITY	BASE LINE	PARENT INITIATED	DATE PRESCRIBED	SELF-HELP	SOCIAL	LANGUAGE	COGNITIVE	MOTOR	BEHAVIOR

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APPENDIX K

Year-End Summary Report

Name of child: _____ D.O.B. _____ Home Teacher _____

Family Background: _____

_____

_____

Date entered program: _____ Number of visits since mid-year report: _____

_____

Results of Assessments:

_____

Behavioral Observations:

_____

Skills worked on and results:

_____

Parent Response:

_____

Agencies or other individuals involved:

_____

Projection:

_____

Copies sent to:

_____

APPENDIX L

Individual Parent Program (IPP)

Directions to home instructor for initiating an individual parent program:

Discussion:

After the child has been in program for one month and the parent and the home instructor have established rapport, explain the IPP to the parent. Discuss the fact that an individual plan will be developed that will first assess the parents' needs, objectives will be determined to meet the needs, and that activities will be arranged that are directly related to the objectives. Explain that the activities may take the form of group meetings, with speakers, or individual activities, resource materials, or reading. Mention that the parents and home instructor will evaluate the effectiveness of the activity after it has been completed. Stress the importance of having both parents present the following week for the Needs Assessment.

Steps

1. The home instructor administers the Needs Assessment to the parents.
2. The parents and home instructor prioritize three or four objectives.
3. The home instructor brings the Needs Assessment back to the office.
4. A staff member collates all objectives to determine which subjects will be addressed at parent support group meetings.
5. The home instructor writes out the three or four prioritized objectives on the parent plan and chooses appropriate activities to meet these needs.
6. The home instructor takes the IPP to the home the following week, discusses the subjects and activities to be carried out and the parent and home instructor sign the IPP.
7. As each activity is carried out, the home instructor and parent evaluate the effectiveness of the activity.
8. If the parent(s) has not met the objective, select another activity.
9. If the parent(s) has achieved the objective, move on to another mutually agreed upon topic.

APPENDIX L

Page 2

Name: _____ Date: _____

	YES	NO	COMMENTS
Do you have questions about or for:			
1. Doctor			
2. Physical Therapist			
3. Occupational Therapist			
4. Speech/Hearing Therapist			
5. Counseling			
6. Public Health Nurse			
7. Dental Health			
Would you like information on:			
1. First Aid			
2. Laws about Special Education			
3. School programs available for your child			
4. Services provided by state and federal agencies (i.e., financial assistance, SSI, food stamps, housing, legal aid, respite care)			
5. Available preschools, day care, recreation programs			
6. Nutrition			
Would you like to better understand:			
1. Handicapping conditions and labels			
2. Normal development (in the areas of communication, academic, social, self-help, physical)			
3. Possible ways to improve your child's behavior			
4. Carrying out discipline calmly, consistently, and immediately			
5. Testing - what does it tell us?			

Activity List

Questions about:

1. Doctor
   - A. Current resource list of physicians
   - B. Medical doctor to speak to parent group
   - C. Tour of hospital
2. Physical Therapist
   - A. Resource list of services and fees
   - B. Therapist to speak to group
   - C. Professional to do home visit
3. Occupational Therapist
   - A. Resource list of services and fees
   - B. Therapist to speak to group
   - C. Professional to do home visit
4. Speech/hearing Therapist
   - A. Resource list of speech/hearing clinics and fees
   - B. Therapist to speak to group
   - C. Professional to do home visit
5. Counseling
   - A. Resource list of mental health agencies and fees (public and private)
   - B. Mental Health professional to speak to group
6. Public Health Nurse
   - A. Brochures and information from Public Health Department
   - B. Referral for follow up visit by Public Health Nurse
   - C. Public Health Nurse to speak to group
7. Dental Health
   - A. Resource list of available services and fees
   - B. Specialist to speak with parent group

Information on:

1. First Aid
   - A. List of available classes in community
   - B. Instructor to talk to/train parent group
   - C. Available pamphlets, handouts
2. Laws About Special Education
   - A. List of agencies dealing with rights of handicapped individuals
   - B. Available printed material
   - C. Speaker to discuss and interpret laws to group
3. School Programs
   - A. Observation of various school programs available
   - B. School personnel to speak with parent group
   - C. Referral for follow up with contact person at related school

4. State and Federal Services
   - A. Speaker to group
   - B. List of contact persons within agencies
   - C. Available brochures, handouts, etc.

5. Preschools, etc.
   - A. List of available preschools, day care, recreation programs and fees
   - B. Observation of programs
   - C. Speaker for parent group

6. Nutrition
   - A. Handouts of nutrition
   - B. Panel discussion on nutritional needs for parent group

Better understand:

1. Handicapping Conditions and Labels
   - A. Handbook on terminology
   - B. Speaker to parent group
   - C. Printed materials

2. Normal Development
   - A. Handouts, assessments
   - B. Speaker to parent group
   - C. Referral to specific community classes on development

3 & 4. Behavior
   - A. Discussion with home instructor
   - B. Readings
   - C. Speaker to parent group
   - D. Specific activities assigned by home instructor

5. Tests
   - A. Review of assessments, curricula
   - B. Speaker to parent group

Child's Name: _____ PARENT PROGRAM Parent: _____

Program Year: _____

DATE STARTED	OBJECTIVE	ACTIVITY	OUTCOME	DATE ACCOMPLISHED

_____
Parent Signatures

_____
Home Instructor

_____
Date